Best Available Copy

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number 10052763										
100	XCAL		1294							
			6							

CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY TYPE			OR	OTHER THAN SMALL ENTITY				
TOTAL OLAMAO		42		1		[RATE	FEE		RATE	F	EE	
FOR		NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	74	0.00	
TOTAL CHARGEABLE CLAIMS 42 minus 20=				us 20=	* .	22		X\$ 9=	198	OR	X\$18=		
INDEPENDENT CLAIMS (minus				nus 3 =	*	3		X42=	126	OR	X84=		
MULTIPLE DEPENDENT CLAIM PRESENT							ŀ		720	1			
* If the difference is column 1 is less than zero enter "0" in column 2							ı	+140=	1.0	OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	694	OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL ENTITY OF			OTHER THAN SMALL ENTITY		
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH	HEST IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIC	DDI- ONAL FEE
AMENDMENT	Total	* 42	Minus	** 4	12	=		X\$ 9=		OR	X\$18=		
ME	Independent	* 5	Minus	***	6	=	ľ	X42=	1	OR	X84=		
L	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	T CLAIM		ŀ				.000		
								+140=		OR	+280= TOTAL	1	
	TOTAL ADDIT. FEE OR ADI										ADDIT. FEE		
	Commence and the second second second second	(Column 1) CLAIMS			mn 2) HEST	(Column 3)						_	
ENT B		REMAINING AFTER AMENDMENT	REMAINING NL PRE		IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TI	DDI- ONAL FEE
NO.	Total	*	Minus	**		=		X\$ 9=	•	OR	X\$18=		
AMENDMENT	Independent	*	Minus	***		=		X42=	-	OR	X84=		
	FIRST PRESE	NTATION OF M	JLTIPLE DEP	ENDEN	I CLAIM			+140=		OR	+280=		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
-	,	(Column 1)		(Colu	mn 2)	(Column 3)	,	ADDIT: I LL I			7,0011.1 EE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ΤI	DDI- ONAL FEE
§	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X42=		OR	X84=		
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM		 						
*	If the entry in colu	mn 1 is less than t	he entry in colu	mn 2 writ	e "0" in co	olumn 3.	l	+140=		OR	+280=	L	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													